

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6688 **63-048329** STATE FILE NUMBER

FILED DEC 19 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1			
2 <u>2868</u>			
3			
4 <u>0</u>			
5 <u>0</u>			
6			
7 <u>0</u>			
8 <u>2</u>			
<u>9353.3</u>			
10			
11			
12 <u>9A-1</u>			
13			
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>34 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>17 West 69th Terr.</u>		d. STREET ADDRESS (If outside, give location) <u>17 West 69th Terr.</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Max</u> Middle <u>George</u> Last <u>Woodruff</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>7</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 26, 1929</u>
9. AGE (last birthday) <u>34</u>		IF UNDER 1 YEAR Months <u>34</u> Days <u>7</u> Hours <u>19</u> Min. <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kansas City, Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William M. Woodruff</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Schughart</u>	
14. NAME OF HUSBAND OR WIFE <u>Never Married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT Address <u>William M. Woodruff, 17 W. 69th Terr. Kansas City, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxiation</u> DUE TO (b) <u>aspiration of gastric contents</u> DUE TO (c) <u>idiopathic epilepsy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> <u>25 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5:00</u> a.m. <u>0</u> p.m. <u>0</u>	Month, Day, Year <u>Jan 1958</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>Jan 1958</u> to <u>death</u> and last saw her <u>alive</u> on <u>5:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Daniel J. Lauer</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>9320 W. 11th, Kansas City</u>	22c. DATE SIGNED <u>9 Dec 63</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>12-9-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>	23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Stine & McClure, Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-9-63</u>	26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>

Dr. Daniel J. Staver
240 Plaza Med. Bldg
St. 1-2020
1-4 p.m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene L. Kimm

Licensed Embalmer No. 4633

P. O. Address R. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.